P. 001/002

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## PART B - FEE(S) TRANSMITTAL

send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate, All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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LOUIS TESSIEI P.O. BOX 54029 TMR, QC H3P 3H		Certificate of Maillog or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
07/30/2007 HDEMESS2 0000		Louis TESSMEN.			(Рерояног'я являс)		
01 FC:2501 700.00 OP				- Au	17 1	<u> </u>	(Signature)
02 FC:1504				July 2	7, 200 T (Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/760,479 01/21/2004 Nabecd Visram 12361-18US JEL 9803 TITLE OF INVENTION: SURGICAL PERFORATION DEVICE WITH ELECTROCARDIOGRAM (ECG) MONITORING ABILITY AND METHOD OF USING ECG TO POSITION A SURGICAL PERFORATION DEVICE							
APPLN. TYPB	SMALL ENTITY	ISSUE PEE DUE	PUBLICATION FEE D	UB PREV. PAID ISSU	ए हर्स १	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0		\$1000	08/02/2007
EXAMIN	ÉR	ART UNIT	CLASS-SUBCLASS		•		•
VRETTAKOS, PETER J		3739	606-041000				·
Change of correspon Address form PTO/SB/I  Change of correspon Address indices PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordution us set forth i  (A) NAME OF ASSIGN  Please check the appropriate	tion (or "Fee Address" or more recent) attache D RESIDENCE DATA s an assignce is identif n 37 CFK 3.11. Compl IEE	Indication form rd. Use of a Customer  TO BE PRINTED ON fied below, no assignee cition of this form is NO	Isted, no name wi THE PATENT (print of data will appear on to T a substitute for filling (B) RESIDENCE: (C	single firm (having us or agent) and the nan attorneys or agents. If the printed.  or type) the patent. If an assign an assignment.  CITY and STATE OR (	nce is ident	tified below, the do	cument has been filed for
		<u> </u>				· -	<del></del>
4a. The following fee(s) are submitted:  4b. Sasue Fee			p. Payment of Fee(s): (Please first reapply any proviously paid issue fee shown above)  A check is enclosed.				
D-Publication Fee (No and D) Advance Order - # o	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required (cc(s), any deficiency, or credit any overpayment, to Deposit Account Number(enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee of regularization will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in							
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